



WISCONSIN STATE REPRESENTATIVE

Jennifer Shilling

95TH ASSEMBLY DISTRICT

**Testimony in support of Assembly Bill 671
Anesthesiologist Assistant Licensure Bill**

Assembly Committee on Health & Health Care Reform

February 17, 2010

Good afternoon Chairman Richards and members of the Assembly Health and Health Care Reform Committee. Thank you for holding a public hearing on this bill.

Anesthesiologist Assistants, or AA's as they are more commonly known, are highly educated and highly skilled health professionals who work under the direction and supervision of licensed Anesthesiologists to provide anesthesia services to patients for surgery and other procedures. While our state regulates a number of professions including auctioneers, barbers, interior designers, and soil scientists, AA's who participate in complex medical procedures are not licensed in Wisconsin.

Both statewide and nationally, there is a shortage of anesthesia providers which has only grown worse in recent years due to the increasing number of patients requiring anesthesia for medical procedures and the need to provide care to an aging population that utilizes more medical services.

These anesthesia procedures range from injecting medications locally to numb specific areas of the body to administering medications that render patients unconscious for major surgical procedures. In addition to conducting these procedures, qualified anesthesia providers are also responsible for monitoring and follow-up of surgical patients.

As hospitals and surgery centers continue to look for ways to meet their workplace demands and provide the best possible care to their patients, AA's have proven that they are capable of filling current vacancies and will help to improve the delivery of health services.

AA's are not a new profession and they have been providing quality anesthesia care to patients in Wisconsin since 1980. AA's have successfully practiced under



Wisconsin's "delegated authority" statute (Ch. 448.03(2)). Currently, all AA's have a premedical background, a baccalaureate degree, and must graduate from an accredited, Masters level AA program.

This bill would create licensing requirements, practice standards, and professional oversight and disciplinary mechanisms that will demonstrate the qualifications of AA's to health providers and patients. Furthermore, this licensing process will guarantee that these high standards continue to be met by AA's in our state. AA's would be required to have a bachelor's degree, complete an accredited AA program, and pass the certifying examination from the National Commission on Certification of Anesthesiologist Assistants.

I know that this bill alone will not solve the anesthesia provider shortage in many areas, but I believe that hospitals should have every possible option available to them. This bill will encourage hospitals to look at hiring AA's to fill vacant positions in order to reduce staff overtime and ensure high quality care. As I've told others, if AA's prove not to be a cost effective option for hospitals, I am sure that they will look to other professionals to fill vacant positions.

This bill would also require the UW System to conduct a feasibility study to determine whether the UW should establish a school for training AA's. If the UW System does determine that there is a demand for this type of training program here in Wisconsin, I think that this would help to bolster our efforts to educate and retain anesthesia providers in our region.

I also want to comment on the quality of work being done by anesthesia providers in our state. I had the opportunity to job shadow at an Operating Room at Gunderson Lutheran a few months ago and I was very impressed by the professionalism and skill of everyone in that OR. AA's, CRNA's, and Anesthesiologists work together everyday to deliver high quality care, and I am confident that this bill will help to ensure the high level of care that we have come to expect for our health providers.

As I've mentioned before, we need to look at every possible option available to our state to address the current shortage of anesthesia providers in our state and prepare for the future demands this workforce will face. This bill will help to ensure that hospitals looking to hire AA's know that they are hiring educated, skilled, and competent professionals. Thank you for your time, and I'd be glad to take any questions you might have.



TO: Representative Jon Richards, Chair
Members, Assembly Committee on Health and Health Care Reform

FROM: Robert Koebert, MD Jay Mesrobian, MD
President Immediate Past President

DATE: February 17, 2010

RE: Assembly Bill 671 - Support for Licensure of
Anesthesiologist Assistants

On behalf of the Wisconsin Society of Anesthesiologists, please support Assembly Bill 671, licensure of Anesthesiologist Assistants.

Anesthesiology is a medical specialty of critical importance to patients. Whether removing cancerous tumors, transplanting organs, rebuilding joints, repairing traumatic injuries, or something as "routine" as removing an inflamed appendix, surgery requires anesthesia -- most often "general anesthesia" where powerful drugs render the patient unconscious for the duration of surgery (whether minutes or many hours). These are the obvious examples, but anesthesia is required for many other surgical and medical procedures.

Wisconsin faces a shortage of qualified anesthesia providers today. As we all know, as the Baby Boom generation advances in age, the population most in need of anesthesia for life saving, life sustaining and life improving medical care is growing dramatically. The result is that left unchanged, the shortage of qualified anesthesia providers will worsen in the coming decades. This shortage threatens the ability of our health care system to meet this approaching demand for surgical, anesthesia and other critical medical services.

AB 671 would license Anesthesiologist Assistants (AAs). Practicing alongside Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs) in Wisconsin for three decades, AAs are a largely untapped potential that can help address our worsening shortage of qualified anesthesia providers.

AAs are highly educated (Masters Degree) health professionals who specialize in Anesthesiology. AAs work under the supervision of Anesthesiologists providing anesthesia to surgical and other patients. Their long track record in Wisconsin is unblemished. But their hiring outside of LaCrosse and Madison has been hindered by their lack of state licensure. Licensure of AAs will assure hospitals, physicians, patients and policy makers of the educational and training credentials of AAs, the scope of AA practice, and provide state oversight of their profession. And it will remove a significant barrier to their hiring and allow Wisconsin hospitals to recruit more qualified anesthesia providers to address the worsening shortage.

Passage of AB 671 will not by itself alleviate our shortage, but it will be a positive step and will help Wisconsin get a jump on addressing this problem before it becomes critical. Please support AB 671.

Certified Registered Nurse Anesthetist

Education and experience required to become a Certified Registered Nurse Anesthetist (CRNA) include:

- A Bachelor's of Science in Nursing (BSN) or other appropriate baccalaureate degree.
- A current license as a registered nurse.
- At least one year's experience in an acute care nursing setting.
- Graduation from an accredited graduate school of nurse anesthesia. These educational programs range from 24-36 months, depending upon university requirements, and offer a master's degree.
- All programs include clinical training in university-based or large community hospitals.
- Pass a national certification examination following graduation.

It takes a minimum of seven calendar years of education and experience to prepare a CRNA. The average student nurse anesthetist works at least 1,694 clinical hours and administers more than 790 anesthetics.

Nurse anesthetists were among the first specialty nurses to require continuing education. CRNAs must be recertified every two years, which includes meeting practice requirements and obtaining a minimum of 40 continuing education credits.

Anesthesiologist

Anesthesiologists in the United States complete a four year undergraduate college degree that includes satisfying pre-med requirements. Like other medical doctors, anesthesiologists must follow undergraduate education with four years of medical school. After medical school, a physician specializing in anesthesiology completes a four-year anesthesiology residency program.

Following completion of a residency program, residents are eligible to sit for the American Board of Anesthesiology (ABA) exam. Almost 90 percent of anesthesiologists are board certified.

Anesthesiologist Assistant

Anesthesiologist Assistants (AA) complete a four year undergraduate college degree that includes satisfying pre-med requirements. AAs are highly skilled health professionals who have satisfactorily completed an accredited anesthesiologist assistant education program. Upon completion of an accredited AA program, a student may become certified by passing the National Commission for Certification of Anesthesiologist Assistants examination (NCCAA). Performance information for test items and the overall exam are provided by the National Board of Medical Examiners (NBME).

AAs are trained extensively in the delivery of safe and high quality anesthesia care, as well as advanced patient monitoring techniques. As non-physician anesthetists, AAs work under the direction of licensed anesthesiologists to implement anesthesia care plans. An AA may not practice outside the field of anesthesia or apart from the supervision of an anesthesiologist.

Source - AANA.com

Lifelinetomodernmedicine.com



Dedicated to the Anesthesia Care Team

TO: Representative Jon Richards, Chair
Members, Assembly Committee on Health and Health Care Reform

FROM: Sara Strom, AA-C, President
Wisconsin Academy of Anesthesiologist Assistants

DATE: February 17, 2010

RE: Assembly Bill 671 – Licensure of Anesthesiologist Assistants

We are appearing before you today to respectfully request that you support Assembly Bill 671, introduced by Representative Shilling. This bill would create licensure requirements and practice standards for Anesthesiologist Assistants (AAs) in Wisconsin.

Anesthesiologist Assistants have been caring for patients in Wisconsin for nearly 30 years under delegatory authority. Currently, each hospital, ambulatory surgery center, or anesthesia practice that employs anesthesiologist assistants must define the educational background, scope of practice, and continuing education requirements for the profession as well as determining what constitutes misconduct and disciplinary action for the anesthesiologist assistants. However, this does not allow for uniform requirements throughout the state for the anesthesiologist assistants.

The lack of those uniform requirements has led to several challenges both for Anesthesiologist Assistants as a profession, but more importantly for those medical institutions seeking to employ them.

With the current shortage of anesthesia providers throughout the country, several states have already opted to license Anesthesiologist Assistants in an effort to add another category of qualified anesthesia providers to meet the growing demand for anesthesia services.

Licensure increases oversight by placing AAs under the auspices of the Medical Examining Board, similar to Physician Assistants and Respiratory Therapists. When hiring anesthesia providers, medical institutions, credentialing committees, and insurance carriers are looking for assurances that anesthesia providers are competent. Licensure helps to provide a uniform regulatory model with which to operate from. By adding more AAs to the State, we can work to reduce provider shortages, increase care, and make Wisconsin a more attractive place for AAs to work and live.

As AAs in Wisconsin, we ask for your support of this important legislation. We have been safely and effectively caring for patients for 30 years and would appreciate your support in licensing our profession.



Dedicated to the Anesthesia Care Team

History

Anesthesiologist Assistants (AAs) are highly educated allied health professionals who provide patient care exclusively under the direction of anesthesiologists. This is called the Anesthesia Care Team (ACT). It is a very common and safe approach to providing anesthesia care. Over 70% of anesthetics delivered in the United States are via the ACT approach. AAs are trained extensively in the safe delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. The AA profession is fully endorsed by the American Society of Anesthesiologists and the American Medical Association.

- The first AA training programs opened in 1969
- AAs currently practice in seventeen states plus the District of Columbia either by medical licensure or physician delegatory authority
- AAs are not new---we have been practicing in Wisconsin since 1980, under delegatory authority and currently there are 17 AAs working at two hospitals: UW Hospital in Madison and Gundersen Lutheran Medical Center in La Crosse

Education

- Prerequisites
 - Four year pre-med degree (3.0 GPA or higher)
 - Top Percentile GRE or MCAT required.
- Training Programs
 - Seven AA Programs throughout the country
- Educational Program Requirements
 - Twenty-four to twenty-eight (24 - 28) month Masters degree post-graduate program.
 - One year of clinical training with a minimum of 2000 hours of direct patient care (average=2200 hours), and a minimum of 600 anesthesia cases, defined by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
 - Certification in Advanced Cardiac Life Support (ACLS)
 - Master's Education Topics: Physiology, Pharmacology, Anatomy, Biochemistry with special emphasis on Cardiovascular, Respiratory, Renal, Nervous and Neuromuscular systems.
 - Clinical Instruction includes extensive education in: Patient Monitoring, Anesthesia Delivery Systems, Life Support Systems, Patient Assessment and the skills needed to provide Compassionate, Quality, Safe Patient Care
- Certification
 - AA graduates must pass the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants.

- Recertification

- AAs must pass a recertification exam every six years.
- AAs must complete 40 hours of Continuing Medical Education credits every two years.

Current Practice

- AAs practice exclusively under the direction of an anesthesiologist in the Anesthesia Care Team model, and both the ASA and the AAAA support the ACT model of patient care.
- Anesthesiologist Assistants (“AAs”) are currently licensed in eleven (11) states plus the District of Columbia. In addition, AAs are allowed to practice in six (6) states under physician delegatory statutes. Wisconsin is one of those states.

Rationale for Licensure

Licensure of AAs in Wisconsin would better define and anchor the practice of AAs in Wisconsin, as it would place AAs under the auspices of the Medical Examining Board, similar to Physician Assistants. This allows the watchful eye of the state medical board to uniformly screen, track, and provide a disciplinary process for AAs practicing in the state.

The national shortage of anesthesia providers has increased in recent years due to:

- the escalating number of healthcare procedures requiring anesthesia
- the increased requirement for surgical procedures in the elderly population (the fastest growing segment of our population)
- a large number of retiring anesthesia providers

The Rand Study completed in 2009 forecasts severe shortages of anesthesiologists by 2020. Also, in 2008, the Wisconsin Council on Medical Education and Workforce found that aging patients will drive the demand for specialists by 2020. Wisconsin’s geriatric population will grow by 94% (ages 65-74) and 68% (age 75+). These groups utilize medical care at a higher rate, increasing the demand for advanced practice providers.

As the national shortage of all types of anesthesia providers has increased in recent years, more states have opted to license AAs to provide another anesthesia physician extender to meet the growing demand for surgical services. Since 2001, seven states have licensed AAs.

Credentialing committees and insurance carriers are increasingly looking for assurances that anesthesia providers are competent. Licensing AAs is one way of accomplishing that goal. Also, being licensed by the State Medical Board means the following:

- Patients can be assured that the AA taking care of them has gone through a review process prior to receiving a license.
- The administration and staff, including anesthesiologists, can feel more confident in hiring AAs because they have been licensed by a state board that bears responsibility in checking the background and validity of the AA.

- More and more medical insurance companies are requiring licensing in order to reimburse for AA services. Not being licensed may eventually make AAs less employable.

Safety

AAs have an impeccable record of safety in Wisconsin and in the US, and have maintained this impeccable record since 1971. Medical malpractice carriers provide coverage for AAs either directly or through their employer.

Reimbursement

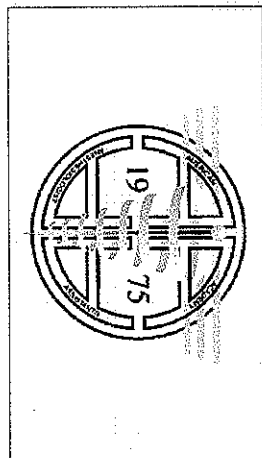
AAs are recognized as approved health care providers for reimbursement purposes by Medicare, Medicaid, the Department of Veteran Affairs, TriCare and by third-party payers such as Blue Cross Blue Shield.

Conclusion

The AAs of Wisconsin fully support AB 671 to license the practice of AAs in order to provide transparent and consistent practice standards throughout the state. As shown by our impeccable record of safe practice in Wisconsin for over 30 years, we are a highly trained and professional anesthesia provider. This bill is about licensing the AA profession, and in no way mandates the use of AAs. It simply allows those of us currently practicing and subsequent AAs to be licensed.

What is Delegatory Authority?

- Physician delegatory authority is the ability of physicians to delegate certain tasks to others that have been properly trained to handle those tasks in a knowledgeable manner. This authority comes from state statutes and is usually written into the state's Medical Practice Act. Specific to Wisconsin law, Chapter 448 - Medical Practices, in the Wisconsin statutes, states the following:
 - 448.03 License or certificate required to practice; use of titles; civil immunity; practice of Christian Science.
 - (2) EXCEPTIONS. Nothing in this subchapter shall be construed either to prohibit, or to require, a license or certificate under this subchapter for any of the following:
 - (e) Any person other than a physician assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.
- This law is used to allow many types of physician extenders to work in a state without licensing and under the direction of a physician. Other examples of professions that work under physician delegatory authority are Emergency Medical Technicians (EMTs), ultrasound and sonogram technicians, and radiology technicians (x-ray techs), just to name a few, that fall under physician delegatory laws. Oversight is carried out at the hospital or facility level in these cases with credentialing requirements that include education and physician oversight requirements of the individual or profession in order to work at that hospital or facility.
- In Wisconsin, perfusionists, respiratory therapists, physician assistants, dieticians, occupational therapists, physical therapists, and even athletic trainers are licensed or credentialed by WI state statutes. The purpose of the AA licensing bill is to allow the same oversight for AAs.



AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS
2209 Dickens Road Richmond, VA 23230-2005
www.anesthesiologist.org

Anesthesiologist Assistant Work States

Licensure
Delegatory Authority



LICENSING ANESTHESIOLOGIST ASSISTANTS

- Anesthesiologist Assistants ("AAs") are highly trained anesthetists who provide patient care exclusively under the direction of anesthesiologists. This is called the Anesthesia Care Team and is a very common and safe approach to providing anesthesia care.
- Anesthesiologist Assistants ("AAs") are currently licensed in eleven (11) states plus the District of Columbia. In addition, AAs are allowed to practice in six (6) states under physician delegatory statutes. Wisconsin is one of those states.
- Licensing Anesthesiologist Assistants in Wisconsin places these medical practitioners under the watchful eye of the state medical board to screen, track, and provide a disciplinary process for AAs practicing in the state.
- As the national shortage of all types of anesthesia providers has increased in recent years, more states have opted to license AAs to provide another anesthesia physician extender to meet the growing demand for surgical services.

AAs HAVE A STRONG TRACK RECORD OF PATIENT SAFETY

Malpractice Insurance Companies Provide AA Coverage

- Medical malpractice insurance carriers including Mag Mutual and Preferred Physicians Medical (PPM) all provide medical malpractice insurance coverage for AAs.

Recognized for Reimbursement by Federal Health Programs

- AAs are recognized as approved health care providers for reimbursement purposes by:
 - Medicare;
 - Medicaid;
 - The Department of Veterans Affairs; and
 - TriCare (the military's health insurance program).

A Long-Term Track Record of Safety

- The AA profession has been in existence since 1971 and has maintained an impeccable safety record.
- Since 2000, seven states plus the District of Columbia have enacted AA state statues allowing AAs to practice by medical licensure issued by the state medical board or its equivalent.

AA TRAINING AND EDUCATION

Prerequisites

- Four year pre-med degree (3.0 GPA or higher)
- Top Percentile GRE or MCAT required.

Training Programs

- Emory University (Atlanta, Georgia)
- Case Western Reserve University (Cleveland, Ohio campus)
- Case Western Reserve University (Houston, Texas campus)
- South University (Savannah, Georgia)
- Nova Southeastern University (Ft. Lauderdale, Florida)
- Nova Southeastern University (Tampa, Florida)
- University of Missouri Kansas City (Kansas City, Missouri)

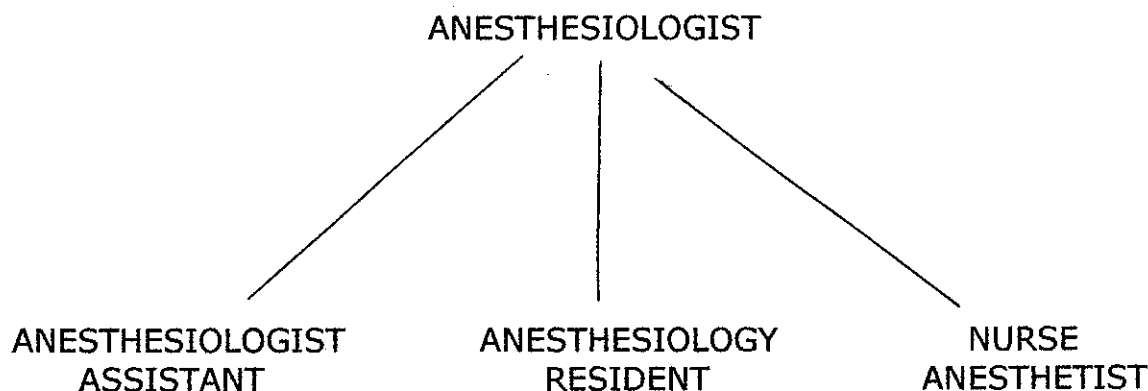
Educational Program Requirements

- Twenty-four to twenty-eight (24 - 28) month Masters degree post-graduate program.
- One year of clinical training with an average of 2200 hours of direct patient care.
- Certification in Advanced Cardiac Life Support (ACLS)

Recertification

- AAs must pass a recertification exam every six years.
- AAs must complete 40 hours of Continuing Medical Education credits every two years.

WHAT IS ANESTHESIA CARE TEAM PRACTICE?



- Expertise of Physician specializing in Anesthesiology involved in ***every anesthetic***
- Recognized by CMS for over 25 years
 - Federal Register's definition of "Anesthetist" includes AAs
 - Equally reimburses for equal services
- For decades, most anesthetics delivered in the US have been by an Anesthesia Care Team

PROVEN...

ACCEPTED...

EMBRACED

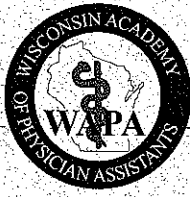
Support AB 671

The Wisconsin Academy of Anesthesiologist Assistants

PO Box 5083

Madison, WI 53705

www.wisconsinanaa.org



WISCONSIN ACADEMY OF PHYSICIAN ASSISTANTS

TO: Representative Jon Richards, Chair
Members, Assembly Committee on Health & Health Care Reform

FROM: Clark Collins, MPAS, PA-C
President - Elect

DATE: February 17, 2010

RE: Support for Anesthesiologist Assistant Licensure – AB 671

On behalf of the nearly 1000 members of the Wisconsin Academy of Physician Assistants, I would like to express our support for Assembly Bill 671 – licensure of Anesthesiologist Assistants (AAs).

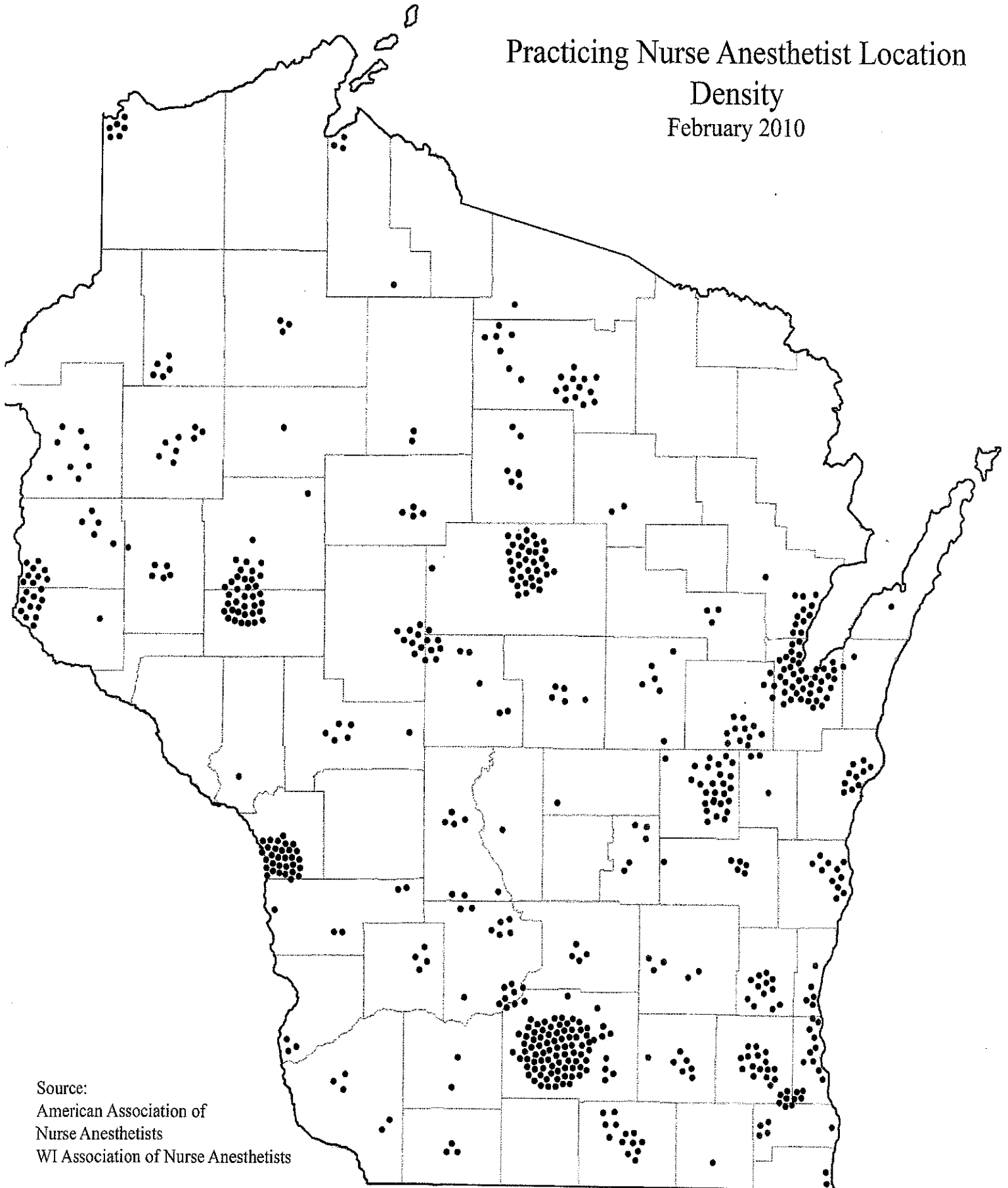
At today's hearing, you are likely to hear that AAs are "a lot like Physician Assistants (PAs)." I want to make clear that AAs and PAs are not the same. On paper our educational tracks may be similar, and both professions practice with physician supervision, but we are distinct health professionals. The education of PAs spans a wide spectrum of all medical specialties. Family medicine, emergency medicine, orthopedic and general surgery are very common fields for PAs but PAs practice in all of the physician specialty fields. Anesthesiology is rarely part of our practice.

In Wisconsin, PAs practice with physician supervision – as do AAs. PAs are licensed by the Department of Regulation & Licensing and fall under the umbrella of the Medical Examining Board (MEB). The PA Council advises the MEB on matters affecting PA education, licensure exams, qualifications and discipline, with final authority residing with the MEB. PAs were originally certified by the Department of Regulation and Licensing. This was changed to licensure in 1997. Licensure has proven an efficient and effective way to regulate our profession. AB 671 would follow this proven model for AA licensure and oversight.

Prior to 1997, PAs practiced under "delegatory authority" (Wisconsin statutes authorize physicians to delegate medical acts to others working under their supervision). The transparency provided by formal licensure means physicians, hospitals, clinics and patients are assured of our educational and professional qualifications and the safety of our practice. The number of PAs in Wisconsin has grown to more than 1000 today. PAs have become an indispensable part of Wisconsin's health care system.

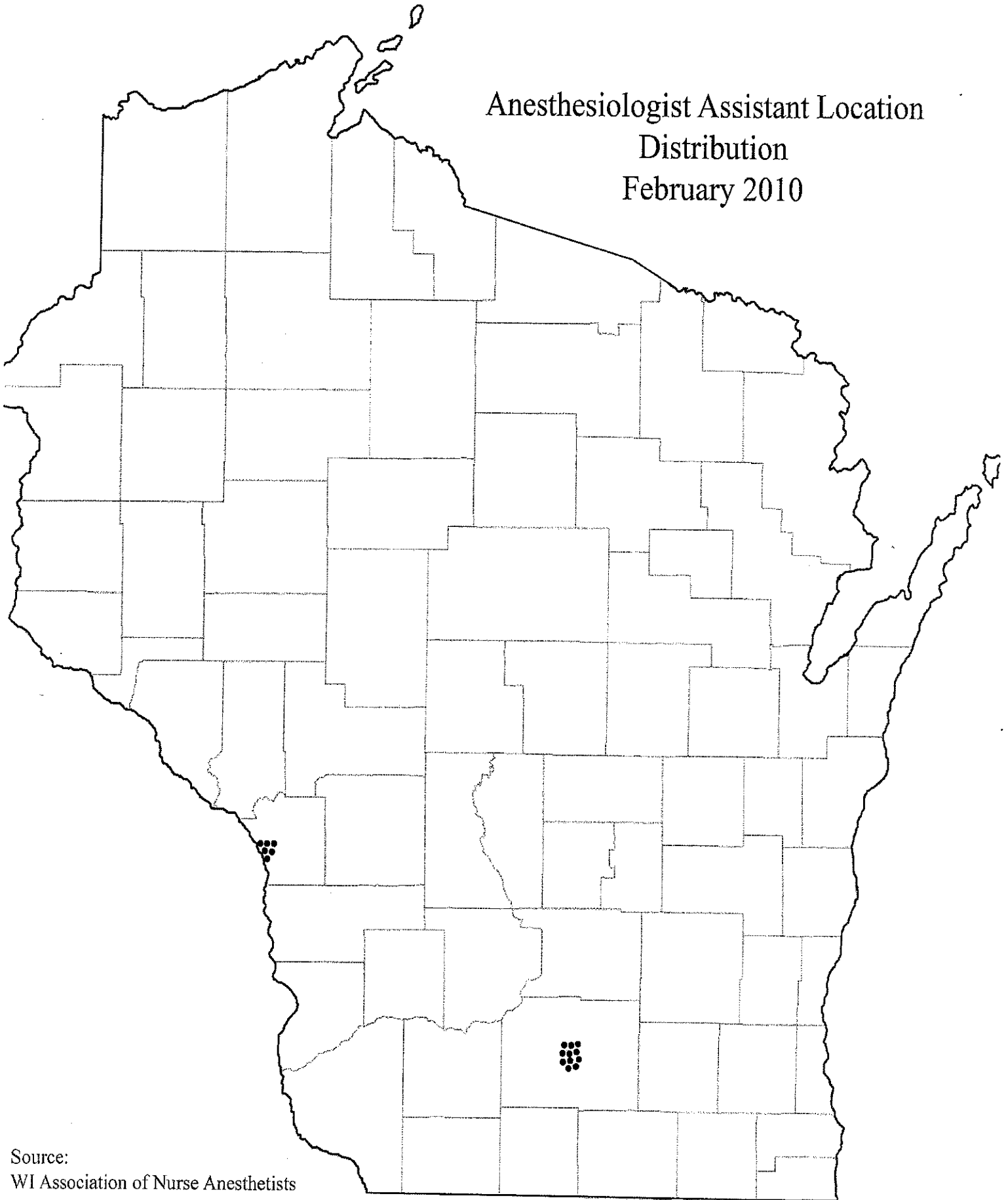
Anesthesiologist Assistants no doubt encounter the same hurdles PAs faced early in our history. There is a shortage of anesthesia providers in Wisconsin already, and it is projected to worsen. The unblemished history of AAs in Wisconsin strongly suggests that they are capable of providing some relief in this shortage. AB 671 will provide an effective means for regulating AA practice and ensuring continued patient safety, and as a significant step toward helping Wisconsin recruit more anesthesia and positively impact the efficiency and availability of medical procedures requiring anesthesia.

Practicing Nurse Anesthetist Location Density February 2010



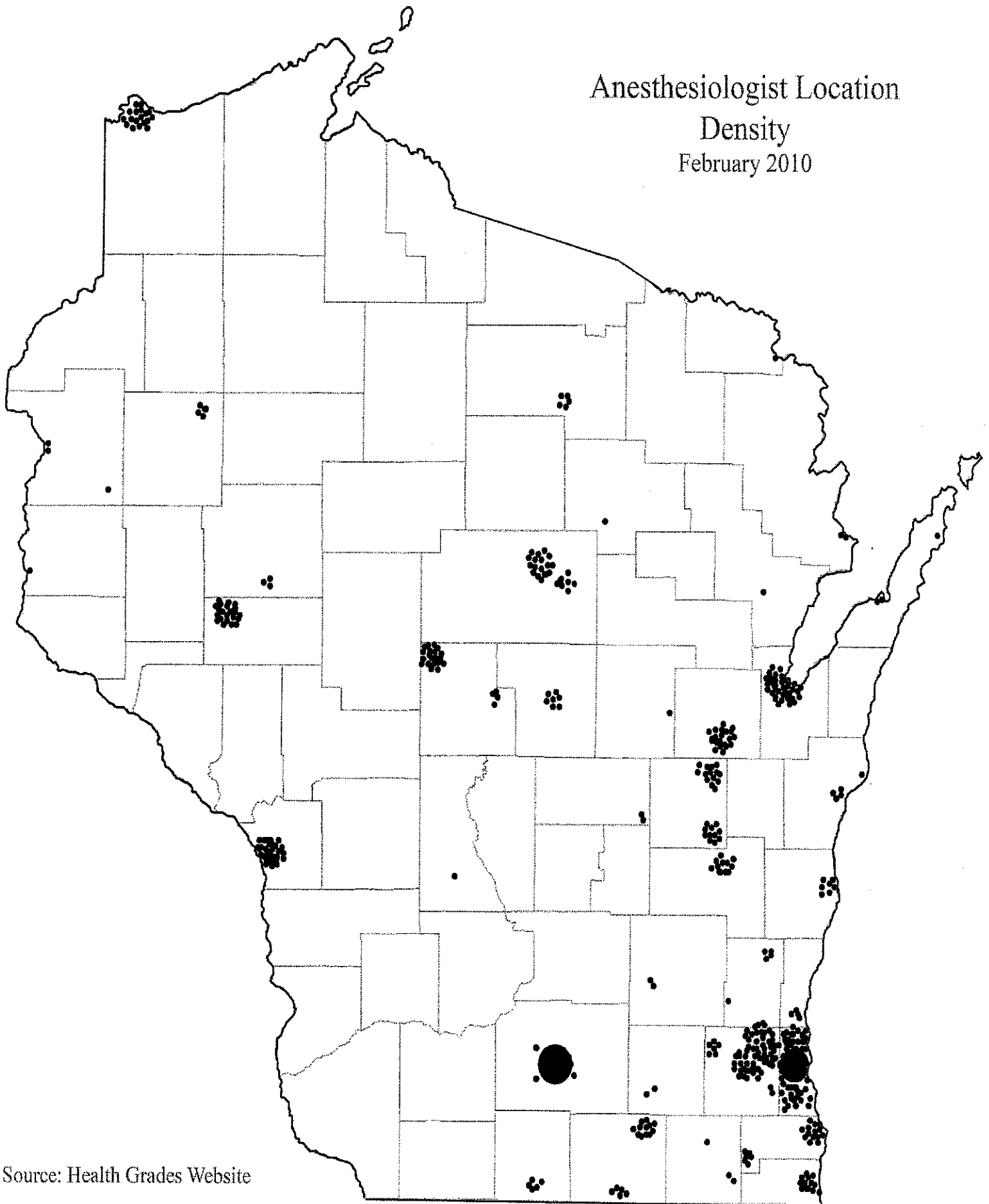
Source:
American Association of
Nurse Anesthetists
WI Association of Nurse Anesthetists

Anesthesiologist Assistant Location
Distribution
February 2010



Source:
WI Association of Nurse Anesthetists

Anesthesiologist Location
Density
February 2010



Source: Health Grades Website

Gundersen LutheranSM

Testimony Provided To:
Assembly Committee on Health and Healthcare Reform
February 17, 2010

By:
Michael Bottcher, MD
Chair, Anesthesiology Department
Gundersen Lutheran Health System
External Affairs Department: 608-775-1400
Externalaffairs@gundluth.org

Committee Members,

Thank you for your time and interest. As Chairman of the Department of Anesthesiology at Gundersen Lutheran Medical Center, I am here to express our support for the legislation providing for licensure of Anesthesiologist Assistants.

I have practiced at Gundersen Lutheran as an anesthesiologist for 20 years. Our department consists of anesthesiologists, nurse anesthetists (CRNAs), and anesthesiologist assistants (AAs). Using an anesthesia care team approach we provide anesthetics for over 16,000 patients a year.

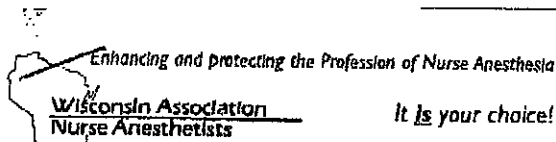
When I became department chair 10 years ago we were facing a critical shortage of anesthesiologists and CRNAs. The paucity of anesthesia providers limited our ability to provide surgical services for patients from our tri-state area. It was at this time, in an effort to address our shortage of providers that we considered the possibility of hiring anesthesiologist assistants. After thoroughly investigating their education and training we were convinced that they were qualified to provide anesthesia care. Subsequently we hired our first AA. We currently have six AA's working at Gundersen Lutheran.

Anesthesiologist Assistants have proved to be invaluable to our department's ability to provide anesthesia services. They are very well trained and provide thoughtful, diligent, patient care. Anesthesiologist Assistants participate in the delivery of anesthesia care for all types of surgeries that we perform at Gundersen Lutheran.

Although Anesthesiologist Assistants have a rigorous certification and recertification process, there is no oversight by the Wisconsin Department of Regulation and Licensing. I believe that because of the vital role that they play in caring for patients that they should be subject to the same regulatory oversight of other healthcare providers.

I believe licensure will make it easier for hospitals that use the anesthesia care team model to hire Anesthesiologist Assistants. My experience in speaking with anesthesiologist groups throughout the state is that although they would like to hire Anesthesiologist Assistants, they are unable to overcome the resistance of hospital administrators who do not understand the training and qualifications of Anesthesiologist Assistants. I am told that much of the concern and confusion is because the Anesthesiologist Assistants do not have licensure. Obviously licensure would remove this barrier and provide administrators with the added confidence when hiring Anesthesiologist Assistants.

External Affairs Department 1900 South Avenue, Mailstop: H02-009, La Crosse, WI 54601
Email: ExternalAffairs@gundluth.org Phone: 608-775-1400 Fax: 608-775-6225



Shelley L. Ekblad, CRNA, MS, APNP

Certified Registered Nurse Anesthetist

President-Elect 2007 - 2008 - presidentelect@wiana.com

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3610 Parkside Circle East

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September 29, 2008

Dr. Jay Mesrobian, MD.
c/o Wisconsin Society of Anesthesiologists
1005 Columbia Road
Madison, WI 53705-2105

Dear Dr. Mesrobian,

I write to introduce myself as the 2008-09 president of the Wisconsin Association of Nurse Anesthetists (WIANA). Our organization, of approximately 600 members, focuses on activities of education and activism, to enhance the safe anesthesia care delivered everyday by Wisconsin CRNAs. I practice in Eau Claire as part on one of the largest group practices in the state. Choosing to work in a medically directed care model, I share a harmonious working relationship with 34 nurse anesthetists and 18 anesthesiologists, two of whom are past presidents of the WSA. I have 16 years of experience delivering safe and dedicated anesthesia care. As part of my role as president of our state professional organization, I represent all CRNAs, who practice in very different care models, from medically directed/supervised to collaboratively; while living and working in nearly all counties of our great state.

Last winter, as the tragedy in patient safety that occurred in Las Vegas became news, our past president, Wilma Gillis, CRNA, APNP, of Madison, Wisconsin, contacted you to explore ways to jointly embark on a campaign of patient safety and anesthesia practitioner education regarding needle and syringe reuse prevention. Unfortunately, a joint initiative was unable to gain momentum.

Our Association would welcome the opportunity to regularly work together on all future initiatives that would enhance and guarantee the citizen's of Wisconsin health and safety in the peri-operative period. Anesthesiologist and Nurse Anesthetists work exceedingly well together in clinical practices. I witness this on a daily basis. In the spirit of the Anesthesia Patient Safety Foundation, we would enthusiastically welcome opportunities that will undoubtedly present to work in unison for the good of our mutual specialties and our patients' favorable outcomes.

I look forward to hearing from you during my term of office.

Sincerely,

Shelley L. Ekblad, CRNA, MS, APNP

715-828-8977

president@wiana.com



Wheaton Franciscan Healthcare

400 W. River Woods Parkway
Glendale, WI 53212-1060

Sponsored by the Wheaton Franciscan Sisters

January 12, 2010

Representative Jennifer Shilling
Room 320 East, State Capitol
P.O. Box 8953
Madison, Wisconsin 53725-9038

Dear Representative Shilling:

I am writing to you today to express my support for LRB 0354/5, which would create licensure requirements and practice standards for Anesthesiologist Assistants (AAs) in Wisconsin. I appreciate your leadership on this critical issue.

With the current and ever increasing shortage of both Anesthesiologists and Certified Registered Nurse Anesthetists nationwide, since 2001, seven states have opted to license AAs in order to bring in more qualified anesthesia providers to meet the growing demand for anesthesia services. Credentialing committees and insurance carriers are looking for assurances that anesthesia providers are competent, and licensing AAs is one way of accomplishing that goal. Licensure increases oversight by placing AAs under the auspices of the Medical Examining Board, similar to Physician Assistants and Respiratory Therapists. Over time, this would make Wisconsin a more attractive place for AAs to work and live.

Approximately 1,200 AAs currently practice by medical licensure or physician delegatory authority in seventeen states plus the District of Columbia, and AAs have worked in Wisconsin since 1980. There are currently fourteen AAs in La Crosse and Madison who work exclusively under the direction of an anesthesiologist in the Anesthesia Care Team model, the predominant anesthesia patient care model in use in Wisconsin and the United States. Medical malpractice carriers provide insurance coverage for AAs either directly or through their employer, and AAs are recognized as approved health care providers for reimbursement purposes by Medicare, Medicaid, The Department of Veteran Affairs, and TriCare.

I greatly appreciate your efforts in pursuit of legislation around this issue, as I believe this is one way to help improve access to quality health care across the state. Please feel free to contact me directly, should you have any questions.

Sincerely,

Debra K. Standridge
President – North Market
Wheaton Franciscan Healthcare

Comparison of AAs and CRNAs Education & Practice

(Provided by the American Academy of Anesthesiologist Assistants)

Updated: May 8th, 2008

Anesthesiologist Assistants		CRNA
Description of Practice	Supervision by an anesthesiologist	Supervision by physician of unspecified specialty (excluding Opt-Out states)
Model of Practice	Anesthesia Care Team	Anesthesia Care Team, supervision by any physician, or independent practice without supervision (Opt Out states)
Distribution of Providers	1000 AAs in 17 states (plus District of Columbia) and Veteran's Administration system	24,000 CRNAs in all 50 states and Veteran's Administration system
Number of Programs	6 (in 4 states)	108 (in 35 states)
Length of Program	24-28 months	24-33 months
Type of Program	Masters degree (specific degree title unique to each program)	Masters degree (specific degree title unique to each program)
Certifying Body	National Commission for Certification of Anesthesiologist Assistants	Council on Certification of Nurse Anesthetists
National Organization	National Board of Medical Examiners American Academy of Anesthesiologists Assistants (AAAA)	American Association of Nurse Anesthetists (AANA)
Admission Requirements	BS Degree Premedical curriculum GPA > 3.0 Completion of Medical College Admissions Test (MCAT) or Graduate Record Exam (GRE), dependent on each program's individual requirements Previous health care experience preferable Personal interview	BN Degree Science curriculum for general practice nursing GPA 3.0 Licensure as a registered nurse Minimum 1 year of nursing experience in acute care setting Personal interview
Program Requirements	Academic faculty with medical school appointments Medical Director is a board-certified anesthesiologist Programs located in academic facilities that meet anesthesia residency requirements for physicians	Faculty include MDs, CRNAs, and graduate nurses Program Director must possess a Master's degree
Program Accreditation	Commission for Accreditation of Allied Health Education Programs (CAAHEP) Accreditation Review Committee for Anesthesiologist Assistants (ARC-AA)	Council on Accreditation of Nurse Anesthesia Programs
Didactic Education	56-132 didactic hours (depending on program)	34-80 didactic hours (depending on program)
Clinical Education	Minimum of 2000 clinical hours (average ~2500+ hours)	Minimum of 550 cases (average ~1000+ hours)
Clinical Rotations	All sub-specialties of anesthesia	All sub-specialties of anesthesia
Advanced Skills	Regional anesthesia and invasive line placement	Regional anesthesia and invasive line placement
Clinical Instructors	AAs, CRNAs, Anesthesiologists, Anesthesiology Residents in training	CRNAs and Anesthesiologists
Recertification	40 CMEs submitted biannually + sit for Continued Demonstration of Qualifications Exam (CDQ) every 6 years administered by the National Board of Medical Examiners	40 CMEs submitted biannually (no recertification by exam)
Graduation Requirements	3.0 GPA or better and in good class standing All course semester and clinical requirements completed	All course semester and clinical requirements completed